



LARGE UNDERGROUND WASTEWATER SYSTEM

**OPERATING PERMIT
RENEWAL APPLICATION**
(Per Rule R317-5-1.4)

NAME OF SYSTEM: _____

OWNER NAME: _____

Phone: (____) _____ **email:** _____

CONTACT NAME: _____

Phone: (____) _____ **email:** _____

CONTACT ADDRESS: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____

LOCATION OF SYSTEM: _____

City: _____ **State:** UT **Zip Code:** _____

County: _____

1. WERE THERE ANY CHANGES TO THE SYSTEM? Yes No If Yes, describe on separate page

2. VERIFY TYPE OF SYSTEM:

- Conventional Gravity Pressure Distribution
 Conventional with Pump-to-Gravity Alternative (describe) _____

3. VERIFY THE MAXIMUM DAILY DESIGN FLOW (gallons per day) _____

4. VERIFY THE COMPONENTS OF SYSTEM:

Describe

<input type="checkbox"/> Septic Tank(s)	
<input type="checkbox"/> Treatment Unit(s)	
<input type="checkbox"/> Grease Trap	
<input type="checkbox"/> Pump Tank with	
<input type="checkbox"/> Control Panel	
<input type="checkbox"/> Distribution Box	
<input type="checkbox"/> Pressure Distribution	
<input type="checkbox"/> Drip Irrigation	
<input type="checkbox"/> Trenches	
<input type="checkbox"/> Deep Trench	
<input type="checkbox"/> Other	
Drainfield Media:	<input type="checkbox"/> Gravel <input type="checkbox"/> Gravelless

Signature: _____ **Date:** _____

Submit Annual Inspection Reports (via Email, US Mail, or Fax) to:

Phone: 801-536-4380 Fax: 801-536-4301 Email: LUWDS@utah.gov

Division of Water Quality, c/o LUWDS, PO Box 144870, Salt Lake City, UT 84114-4870